

SCQM Measure #	HIV Care Continuum	Target %	Initiative	Category	Measure	Numerator	Denominator	Data Elements	Denominator Exclusions	Notes
1.0	Linkage	30%	HAB	System Level (Late HIV Diagnosis)	Percentage of patients with a diagnosis of Stage 3 HIV (AIDS) within 3 months of diagnosis of HIV	Number of persons with a diagnosis of Stage 3 HIV infection (AIDS) within 3 months of diagnosis of HIV infection in the 12-month measurement period	Number of persons with an HIV diagnosis in the 12-month measurement period	1. Does the patient receive an initial diagnosis of HIV in the measurement year? (Y/N) a. Did the patient receive a diagnosis of Stage 3 HIV AIDS within 3 months of his/her initial diagnosis of HIV?(Y/N)	None	HAB measure only -Stage 3 HIV AIDS per CDC reference : CD4<200, ages 6 years through adult. This information will not be collected at the RW Provider level. This data will be obtained from all- population level data from the SC DHEC Division of Surveillance and Technical Support. <i>(revised notes 4.2018)</i>
1.0a	Linkage		HAB	System Level	Percentage of individuals who test positive <sup>1</sup> for HIV who are given their HIV-antibody test results in the measurement year	Number of individuals who are tested in the system/network who test positive <sup>1</sup> for HIV and who are given their HIV antibody test results in the measurement year.	Number of individuals who are tested in the system/network and who test positive <sup>1</sup> for HIV in the measurement year.	For each agency: 1. Was the patient tested for HIV infection during the measurement year? (Y/N) a. If yes, did the patient have a positive confirmatory test <sup>1</sup> ? (Y/N) i. If yes, was the patient given his/her confirmatory test result in the measurement year? (Y/N) For the system: 1.How many patients were tested for HIV infection within the system/network in the measurement year? a. How many patients had positive confirmatory tests? i. Of those patients, how many received the confirmatory test results?	1. Patients who test negative for HIV antibodies. 2. Patients who receive an indeterminate HIV antibody test result. 3. Patients who are already aware of a previous positive confirmatory test(i.e., confirmatory test at first medical care visit). 4. Patients who are less than thirteen years of age.	HAB measure only <i>(added July 2017)</i> . This information will not be collected at the RW Provider level. This data will be obtained from all- population level data from the EIIHA (Early Identification of Individuals with HIV/AIDS) portion of the SC RW Part B grant.
1.0b	Linkage		HAB	System Level	Percent of Ryan White Program-funded outpatient/ambulatory care organizations in the system/network with a waiting time of 15 or fewer business days for a Ryan White Program-eligible patient to receive an appointment to enroll in outpatient/ambulatory medical care <sup>1</sup>	Number of Ryan White Program-funded outpatient/ambulatory medical care organizations in the system/network with a waiting time of 15 or fewer business days for a Ryan White Program-eligible patient to receive an appointment to enroll in outpatient/ambulatory medical care <sup>1</sup>	Number of Ryan White Program-funded outpatient/ambulatory medical care organizations in the system/network at a specific point in time in the measurement year.	For each agency: 1. Is the organization funded by the Ryan-White Program to provide outpatient/ambulatory medical care? (Y/N) a. In how many business days is the third next available appointment for a Ryan White Program-eligible patient to enroll in outpatient/ambulatory medical care at this organization? i. Is the third next available appointment < 15 business days? (Y/N) For the system: 1. How many outpatient/ambulatory medical care organizations are funded by the Ryan White Program to provide outpatient/ambulatory medical care? a. Of those organizations, how many have < 15 business days for the third next available appointment to enroll in outpatient/ambulatory medical care?	None	HAB measure only <i>(added July 2017)</i> . This information will not be collected at the RW Provider level. This data will be obtained from all- population level data from the SC DHEC Division of Surveillance and Technical Support.
2.0	Antiretroviral Therapy (ART)	95%	HAB	CORE (Prescribed ART)	Percentage of patients, regardless of age, with a diagnosis of HIV prescribed antiretroviral therapy for the treatment of HIV infection during the measurement year	Number of patients from the denominator prescribed HIV antiretroviral therapy during the measurement year	Number of patients, regardless of age, with a diagnosis of HIV with at least one medical visit in the measurement year	1. Does the patient, regardless of age, have a diagnosis of HIV? (Y/N) a. If yes, did the patient have at least one medical visit during the measurement year? (Y/N) i. If yes, was the patient prescribed HIV antiretroviral therapy during the measurement year? (Y/N)	None	HAB measure only

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3.0	Retention (Quality of Care)	95%	HAB	CORE (PCP Prophylaxis)	Percentage of patients aged 6 weeks or older with a diagnosis of HIV/AIDS, who were prescribed Pneumocystis jiroveci pneumonia (PCP) prophylaxis (Use the numerator and denominator that reflect patient population.)	Numerator 1: Patients who were prescribed Pneumocystis jiroveci pneumonia (PCP) prophylaxis within 3 months of CD4 count below 200 cells/mm	Denominator 1. All patients aged 6 years and older with a diagnosis of HIV/AIDS and a CD4 count below 200 cells/mm, who had at least two visits during the measurement year, with at least 90 days in between each visit	Numerator/denominator 1: 1. Is the patient 6 years or older and have a diagnosis of HIV? (Y/N) a. If yes, did the patient have at least two medical visits in the measurement year with at least 90 days between visits? (Y/N) i. If yes, did the patient have a CD4 count <200 cells/mm within the first 9 months of the measurement year? (Y/N) 1. If yes, was PCP prophylaxis prescribed within 3 months of CD4<200 cells/mm? (Y/N) a. If no, was the CD4 count repeated within 3 months? (Y/N) i. If yes, did CD4 count remain < 200 cells/mm? (Y/N) 1. If yes, was PCP prophylaxis prescribed within 3 months of CD4<200 cells/mm? (Y/N)	Denominator 1 Exclusion: 1. Patient with CD4<200 who had less than 1 medical visits in the measurement year. 2. Patient with CD4<200 who had 2 medical visits in the measurement which were less than 90 days apart. 3. Patients with T cell panel >200 in the last 3 months of measurement year 4.Patient had CD4 count less than 200 in the last 3 months of the measure year 5. Patient did not receive PCP prophylaxis because there was a CD4 count above 200 cells/mm during the three months after a CD4 count below 200 cells/mm.	HAB Measure SC QM modified denominator exclusions to include additional exclusions 1,2,3,4
4.0	Retention (Quality of Care)	65%	HAB	All Ages (TB Screening)	Percentage of patients aged 3 months and older with a diagnosis of HIV/AIDS, for whom there was documentation that a tuberculosis (TB) screening test was performed and results interpreted (for tuberculin skin tests) at least once since the diagnosis of HIV infection	Patients for whom there was documentation that a tuberculosis (TB) screening test was performed and results interpreted (for tuberculin skin tests) at least once since the diagnosis of HIV infection. <i>[NOTE: Results from the tuberculin skin test must be interpreted by a health care professional.]</i>	All patients aged 3 months and older with a diagnosis of HIV/AIDS, who had at least two visits during the measurement year, with at least 90 days in between each visit.	1. Does the patient, aged three months and older, have a diagnosis of HIV/AIDS? (Y/N) a. If yes, did the patient have at least two medical visits during the measurement year, with at least 90 days in between each visit? (Y/N) i. If yes, has the patient had tuberculosis (TB) screening test performed and results interpreted (for tuberculin skin tests) at least once since the diagnosis of HIV infection? (Y/N)	1. Patient who had 2 medical visits in the measurement year & visits were < 90 days apart. 2. Patient with only 1 medical visit in the measurement year. 3. Documentation of Medical Reason for not performing a tuberculosis (TB) screening test (e.g., patients with a history of positive PPD or treatment for TB)	HAB Measure SC QM modified denominator exclusions to include additional exclusions 1 & 2
5.0	Retention (Quality of Care)	90% ongoing patients  95% new HIV diagnosis	HAB	Adult & Adolescent (Syphilis Screening)	Percentage of adult patients with a diagnosis of HIV who had a test for Syphilis performed within the measurement year	Number of patients with a diagnosis of HIV who had a serologic test for Syphilis performed at least once during the measurement year	Number of patients with a diagnosis of HIV who: • were ≥18 years old in the measurement year or had a history of sexual activity < 18 years, and • had a medical visit with a provider with prescribing privileges at least once in the measurement year	1. Does the patient have a diagnosis of HIV? (Y/N) a. If yes, is the patient ≥ 18 years <b>OR</b> b. is patient less than 18 years and reports having a history of sexual activity? (Y/N) 1. <b>If yes to a or b</b> , was the patient screened for Syphilis during the measurement year?	1. Patients who were < 18 years old AND denied a history of sexual activity	HAB Measure  SC QM modified data elements to include: -OR - b. is patient less than 18 years and reports having a history of sexual activity? (Y/N) -1. If yes to a or b, was the patient screened for Syphilis during the measurement year?  SC QM modified target to include target % for new clients with HIV diagnosis & target % for ongoing HIV client

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6.0	Retention (Quality of Care)	80% ongoing patients  95% new HIV diagnosis	HAB	Adult & Adolescent (Combined measures for Gonorrhea, Chlamydia & to include other STIs screening)	Percentage of patients with a diagnosis of HIV at risk for sexually transmitted infections (STIs) who had a test for Chlamydia, Gonorrhea & other STIs performed within the measurement year	Number of patients with a diagnosis of HIV who had a test for Chlamydia, Gonorrhea & other STIs performed at least once during the measurement year	Number of patients with a diagnosis of HIV who: • were ≥18 years old in the measurement year or had a history of sexual activity < 18 years, and • had a medical visit with a provider with prescribing privileges at least once in the measurement year	1. Does the patient have a diagnosis of HIV? (Y/N) a. If yes, is the patient ≥ 18 years <b>OR</b> b. is patient less than 18 years and reports having a history of sexual activity? (Y/N) 1. If <b>yes to a or b</b> , was the patient screened for Chlamydia, Gonorrhea & other STIs during the measurement year	1. Patients who were < 18 years old AND denied a history of sexual activity	HAB Measure  SC QM modified data elements to include: -OR - b. is patient less than 18 years and reports having a history of sexual activity? (Y/N) - 1. If yes to a or b, was the patient screened for Chlamydia, Gonorrhea & other STIs during the measurement year?  SC QM combined measures for Chlamydia, gonorrhea and STIs  SC QM modified target to include target % for new clients with HIV diagnosis & target % for ongoing HIV client
7.0	Retention (Quality of Care)	95%	HAB	Adult & Adolescent (Hep C screening)	Percentage of patients for whom Hepatitis C (HCV) screening was performed at least once since diagnosis of HIV	Number of patients with a diagnosis of HIV who have documented HCV status in chart	Number of patients with a diagnosis of HIV who had a medical visit with a provider with prescribing privileges at least once in the measurement year	1. Does the patient have a diagnosis of HIV? (Y/N) a. If yes, is there documentation of the patient's Hepatitis C status in the medical record? (Y/N)	None	HAB measure only
8.0	Retention (Quality of Care)	50%	SC QM	(sub category for Hep C screening-High risk)	Percentage of patients with a diagnosis of HIV and are high risk (MSM and/or current IDU) who had annual Hepatitis C (HCV) screening performed in the measurement year	Number of patients with a diagnosis of HIV with high risk factors of MSM and/or IDU, who had annual HCV screening performed in the measurement year	Number of patients with a diagnosis of HIV with high risk factors (MSM and/or IDU), who had a medical visit with a provider with prescribing privileges at least once in the measurement year	1. Does the patient have a diagnosis of HIV? (Y/N) a. If yes, does the patient report high risk factors (MSM, Current Injection drug use)? <b>OR</b> b. If yes, does the patient report as Transgender? If yes to the above questions <b>a</b> or <b>b</b> , was the patient screened for Hepatitis C in the measurement year?	High-risk patients with documented positive HCV screening results	SC QM developed measure for Hep C screening for HIV/AIDS patients with high risk factors to include measure, numerator & denominator, data elements, & denominator exclusions
9.0	Retention (Quality of Care)	50%	HAB	Adult & Adolescent (Hep B vaccination)	Percentage of patients with a diagnosis of HIV who completed the vaccination series for Hepatitis B <i>(ever)</i>	Number of patients with a diagnosis of HIV with documentation of having ever completed the vaccination series for Hepatitis B	Number of patients with a diagnosis of HIV who had a medical visit with a provider with prescribing privileges at least once in the measurement year	1. Does the patient have a diagnosis of HIV? (Y/N) a. If yes, does the patient have documentation of Hepatitis B immunity or is HBV-infected? (Y/N) i. If no, is there documentation that the patient has completed the vaccine series for Hepatitis B?(Y/N)	1. Patients newly enrolled in care during the measurement year 2. Patients with evidence of current HBV infection (Hep B Surface Antigen, Hep B e Antigen, Hep B e Antibody or Hep B DNA) 3. Patients with current evidence of past HBV infection with immunity (Hep B Surface Antibody without evidence of vaccination)	HAB Measure  SC QM denominator exclusions - modified exclusion 3 (current)

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10.0	Retention (Quality of Care)	75%	HAB	Adult & Adolescent (Oral exam)	Percent of patients with a diagnosis of HIV who received an oral exam by a dentist at least once during the measurement year	Number of patients with a diagnosis of HIV who had an oral exam by a dentist during the measurement year, based on patient self-report or other documentation	Number of patients with a diagnosis of HIV who had a medical visit with a provider with prescribing privileges at least once in the measurement year	1. Does the patient have a diagnosis of HIV? (Y/N) a. If yes, did the patient receive an oral exam by a dentist during the measurement year?(Y/N)	None	HAB Measure  CRC will report as: Oral Health Care Referral During Reporting Period (Paid by other source) and Oral Health Care Service During Reporting Period (Paid by your program)
					Includes: Oral Health Care Referral During Reporting Period (Paid by other source) and Oral Health Care Service During Reporting Period (Paid by your program)					
11.0	Retention (Quality of Care)	85%	HAB	Medical Case Management-MCM (Care Plan)	Percentage of medical case management patients, regardless of age, with a diagnosis of HIV who had a medical case management care plan developed and/or updated two or more times in the measurement year	Number of medical case management patients who had a medical case management care plan developed and/or updated two or more times which are at least three months apart in the measurement year <i>Note: MCM encounter is defined as a visit as reported in the CY 2014 RSR - ID# 18.</i>	Number of medical case management patients, regardless of age, with a diagnosis of HIV who had at least one medical case management encounter in the measurement year	1. Does the patient have a diagnosis of HIV? (Y/N) a. If yes, did the patient have a medical case management encounter in the measurement year? (Y/N) i. If yes, is there a medical case management care plan developed ( new clients) and/or updated (ongoing clients) two or more times at least three months apart during the measurement year? (Y/N) 1. If yes, is there a current care plan documented in the chart?	1. Medical case management patients who initiated medical case management services in the last six months of the measurement year. 2. Medical case management patients who were discharged from medical case management services prior to six months of service in the measurement year.	HAB Measure  <i>Note: MCM encounter is defined as a visit as reported in the CY 2014 RSR - ID# 18.</i>
12.0 A	Retention (Quality of Care)	75%	IN CARE Campaign	Retention Measure (Medical Visit Frequency)	Percentage of patients, over the age of 24 months, with a diagnosis of HIV/AIDS who had at least one medical visit with a provider with prescribing privileges in each 6-month measurement period with a minimum of 60 days between medical visits	Number of patients with at least one medical visit in each 6-month period of the 24-month measurement period with a minimum of 60 days between first medical visit in the prior 6-month period compared to the last medical visit in the subsequent 6-month period	Number of patients, over the age of 24 months, with a diagnosis of HIV/AIDS with at least one medical visit with a provider with prescribing privileges in the first 6 months of the 24-month measurement period ( <i>note-24 month period is current measurement year and prior year</i> )	1. Does the patient, over the age of 24 months, have a diagnosis of HIV? (Y/N) a. Percentage of HIV patients, over the age 24 months, who had at least one medical visit with a provider with prescribing privileges in each 6-month period of the 24-month measurement period with a minimum of 60 days between medical visits	1. Patients who are documented to be deceased at any time in the measurement period 2. Patients who were incarcerated for greater than 90 days of the measurement period 3. Patients who relocated out of the service area or transferred medical care at any time in the measurement period 4. Patients with an unconfirmed HIV diagnosis 5. Patients with sustained viral suppression 6. Patient's who had first medical care visit in measurement year.	In Care Campaign Measure  SC QM modified denominator exclusions to include additional exclusions 5 and 6.  SC QM developed data elements  SC QM modified - in denominator 24 month period is current measurement year and prior year

SCQM Measure #	HIV Care Continuum	Target %	Initiative	Category	Measure	Numerator	Denominator	Data Elements	Denominator Exclusions	Notes
12.0 B	Retention (Quality of Care)	80%	HAB	MCM (HIV Medical Visit Frequency)	Percentage of medical case management patients, over the age of 24 months, with a diagnosis of HIV who had at least one medical visit in each 6-month period of the 24-month measurement period with a minimum of 60 days between medical visits	Number of medical case management patients in the denominator who had at least one medical visit in each 6-month period of the 24-month measurement period with a minimum of 60 days between first medical visit in the prior 6-month period and the last medical visit in the subsequent 6-month period	Number of medical case management patients, over the age of 24 months, with a diagnosis of HIV with at least one medical visit in the first 6 months of the 24-month measurement period <i>(note-24 month period is current measurement year and prior year)</i>	1. Does the patient, over the age of 24 months, have a diagnosis of HIV? (Y/N) a. If yes, Percentage of HIV medical case management patients, over the age of 24 months, who had at least one medical visit with a provider with prescribing privileges in each 6-month period of the 24-month measurement period with a minimum of 60 days between medical visits.	1. Medical case management patients who died at any time during the 24-month measurement period 2. Patients who were incarcerated for greater than 90 days of the measurement period 3. Patients who relocated out of the service area or transferred medical care at any time in the measurement period 4. Patients with an unconfirmed HIV diagnosis 5. Patients with sustained viral suppression 6. Patients who are new to case management in the measurement year.	HAB Measure  SC QM modified the following to coincide with the In Care Campaign visit frequency: removed regardless of age and replaced with over age 24 months in measure, denominator & data elements.  SC QM modified data elements  SC QM modified denominator exclusions for exclusions 2, 3, 4 to coincide with In Care Campaign  SC QM - denominator exclusions to include additional exclusions 5 & 6  For denominator- 24 month period is current measurement year and prior year
13.0 A	Retention (Quality of Care)	25%	IN CARE Campaign	Retention Measure (Gap Measure)	Percentage of patients, over the age of 24 months, with a diagnosis of HIV/AIDS who did not have a medical visit with a provider with prescribing privileges in the last 180 days of the measurement year	Number of patients who had no medical visits in the last 180 days of the measurement year	Number of patients, over the age of 24 months, with a diagnosis of HIV/AIDS who had at least one medical visit with a provider with prescribing privileges in the first 6 months of the measurement year	1. Does the patient, over the age of 24 months have a diagnosis of HIV? (Y/N) a. If yes, percentage of HIV patients, over age 24 months, who did not have a medical visit with a provider with prescribing privileges in the last 180 days of the measurement year.	1. Patients who are documented to be deceased at any time in the measurement period 2. Patients who were incarcerated for greater than 90 days of the measurement period 3. Patients who relocated out of the service area or transferred medical care at any time in the measurement period 4. Patients with an unconfirmed HIV diagnosis 5. Patients with sustained viral suppression 6. Patients who had first medical care visit in the last six months of the measurement year.	In Care Campaign Measure  SC QM modified denominator exclusions to include exclusions 5 and 6  SC QM developed data elements

SCQM Measure #	HIV Care Continuum	Target %	Initiative	Category	Measure	Numerator	Denominator	Data Elements	Denominator Exclusions	Notes
13.0 B	Retention (Quality of Care)	20%	HAB	MCM (Gap in HIV Medical visit)	Percentage of medical case management patients, over the age of 24 months, with a diagnosis of HIV who did not have a medical visit in the last 6 months of the measurement year	Number of medical case management patients in the denominator who did not have a medical visit in the last 6 months of the measurement year	Number of medical case management patients, over the age of 24 months, with a diagnosis of HIV who had at least one medical visit in the first 6 months of the measurement year	1. Does the patient, over the age of 24 months have a diagnosis of HIV? (Y/N) a. If yes, percentage of HIV medical case management patients, over age 24 months, who did not have a medical visit with a provider with prescribing privileges in the last 180 days of the measurement year.	1. Medical case management patients who died at any time during the measurement year 2. Patients who were incarcerated for greater than 90 days of the measurement period 3. Patients who relocated out of the service area or transferred medical care at any time in the measurement period 4. Patients with an unconfirmed HIV diagnosis 5. Patients with sustained viral suppression 6. Patients who are new to case management in the last six months of the measurement year.	HAB Measure  SC QM modified the following to coincide with the In Care Campaign visit removed regardless of age and replaced with over age 24 months in measure, denominator & data elements.  SC QM modified data elements  SC QM modified denominator exclusions for exclusions 2, 3, 4 to coincide with In Care Campaign  SC QM - denominator exclusions to include additional exclusions 5 & 6  For the denominator- 24 month period is current measurement year and prior year
14.0 A	Viral Suppression	85%	IN CARE Campaign	Retention Measure (Viral Load Suppression)	Percentage of patients, over the age of 24 months, with a diagnosis of HIV/AIDS with a viral load less than 200 copies/mL at last viral load test during the measurement year	Number of patients with a viral load less than 200 copies/mL at last viral load test during the measurement year	Number of patients, over the age of 24 months, with a diagnosis of HIV/AIDS with at least one medical visit with a provider with prescribing privileges in the measurement year	1. Does the patient, over the age of 24 months, have a diagnosis of HIV? (Y/N) a. If yes, did the patient have at least one medical visit during the measurement year? (Y/N) i. If yes, did the patient have a HIV viral load test with a result <200 copies/mL at the last test? (Y/N)	1. Patients who are documented to be deceased at any time in the measurement year 2. Patients who were incarcerated for the greater than 90 days of the measurement year 3. Patients who relocated out of the service area or transferred medical care at any time in the measurement year 4. Patients with an unconfirmed HIV diagnosis	In Care Campaign Measure  SC QM developed data elements
14.0 B	Viral Suppression	60%	SC QM	Sub category for Viral suppression (Sustained Viral Suppression)	Percentage of patients, over the age of 24 months, with sustained viral suppression (VL <200 for ≥ 2 years), who had at least 1 medical visit in the measurement year	Number of patients with most recent viral load test less than 200 copies/mL (VL<200) in the measurement year AND the prior measurement year	Number of patients, over the age of 24 months, with a diagnosis of HIV/AIDS with at least one medical visit with a provider with prescribing privileges in the measurement year	1. Does the patient, over the age of 24 months, have a diagnosis of HIV? (Y/N) a. If yes, was the patient's most recent Viral Load <200 copies/mL in each of the two prior years (reporting period and prior year)	1. Patients not receiving a viral load in the prior measurement year. 2.Initial HIV diagnosed in the measurement year 3. Patients who are documented to be deceased at any time in the measurement year	SC QM developed measure for Sustained Viral Suppression for HIV/AIDS patients to include the measure, numerator & denominator, data elements & denominator exclusions

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15.0	Antiretroviral Therapy (ART)	100%	HAB	Adult & Adolescent (ARV Therapy for Pregnant Women )	Percentage of pregnant women with HIV infection who are prescribed antiretroviral therapy	Number of HIV-infected pregnant women who were prescribed antiretroviral therapy during the 2nd and 3rd trimester	Number of HIV- infected pregnant women who had a medical visit with a provider with prescribing privileges , i.e. MD, PA, NP at least once in the measurement year	1. Is the client HIV-infected? (Y/N) a. If yes, is the client female? (Y/N) i. If yes, was she pregnant during the reporting period? (Y/N) 1. If yes, was she on antiretroviral therapy during this reporting period? (Y/N)	1. Patients whose pregnancy is terminated 2. Pregnant patients who are in the 1st trimester and newly enrolled in care during last three months of the measurement year	HAB Measure
16.0	Retention (Quality of Care)	Target to be established January 2018, based on In Care Campaign data	SCQM	Retention	Percentage of patients, over the age of 24 months of age, who have diagnosis of HIV with at least 2 viral load test during the measurement year	Number of patients who had at least 2 viral load test during the measurement year, including patients who are virally suppressed	Number of patients, over the age of 24 months of age, with a diagnosis of HIV who had a medical visit with a provider with prescribing privileges at least once in the measurement year (Includes clients who have achieved viral suppression and sustained viral suppression)	1. Does the patient, over the age of 24 months, have a diagnosis of HIV? (Y/N) a. If yes, did the patient have at least one medical visit during the measurement year? (Y/N) i. If yes, did the patient have 2 HIV viral load test in the measurement year with a minimum of at least 60 days between VL test? (Y/N)	1. Patients who are documented to be deceased at any time in the measurement period 2. Patients who were incarcerated for greater than 90 days of the measurement period 3. Patients who relocated out of the service area or transferred medical care at any time in the measurement period 4. Patients with an unconfirmed HIV diagnosis 5. Patient's who had first medical care visit in measurement year.	SC QM developed measure. <i>(added July 2017)</i> . Viral load screening for HIV/AIDS patients to include measure, numerator & denominator exclusions, based on Viral Suppression Data (CY 2015 from SC DHEC Division of Surveillance and Technical Assistance).

**Note(s)** - Per follow up for:  
Measure #5. syphilis=Serologic test (RPR, TP-PA, FTA)  
Measure #6. Chlamydia, Gonorrhea & other STI=test (swab, urine)

**Reference:**

- 1. Guidelines for the Use of Antiretroviral Agents in HIV  
-1-Infected Adults and Adolescents
- 2. HAB HIV Performance Measures
- 3. In Care Campaign
- 4. CDC MMWR April 11, 2014. Revised Surveillance Case Definition for HIV Infection-United States, 2014 [ Stage 3 HIV infection (AIDS)]
- 5. In Care Campaign: A “provider with prescribing privileges” is a health care professional who is licensed in their jurisdiction to prescribe ARV therapy (i.e., physician, physician assistant, and/or nurse practitioner).
- 6. <http://hab.hrsa.gov/deliverhivaidscale/habperformmeasures.html>
- 7. <http://www.HCVGuidelines.org>

SC QM Measure # (SC ADAP)	HIV Continuum	Target %	HIV/AIDS Bureau Performance Measures Category	HIV/AIDS Bureau Performance Measures	Numerator	Denominator	Data elements	Denominator Exclusions	Notes
A-1.0	ART	95%	SC ADAP: Application Determination	Percent of SC ADAP applications approved or denied for new SC ADAP enrollment within 14 days (two weeks) of SC ADAP receiving a complete application in the measurement year	Number of applications that were approved or denied for new SC ADAP enrollment within 14 days (two weeks) of SC ADAP receiving a complete application in the measurement year	Total number of complete SC ADAP applications for new SC ADAP enrollment received in the measurement year	1. Did the client apply for new SC ADAP enrollment during the measurement year? (Y/N) a. If yes, was a determination on the application made by the SC ADAP program? (Y/N) i. If yes, list the date of receipt of the complete application and date of approval or denial.	1. SC ADAP applications for new SC ADAP enrollment that were incomplete or incorrectly filled out.  2. Complete SC ADAP applications for new SC ADAP enrollment received by SC ADAP within the last 14 days (two weeks) of the measurement year.	1. New enrollment applies to applications for initial SC ADAP enrollment or for re-enrollment after a period of closure.
A-1.0a	ART	5%	SC ADAP: Application Determination	Percent of SC ADAP applications that were incomplete and returned to provider	Number of applications submitted to SC ADAP that were incomplete or incorrectly filled out	Total number of SC ADAP applications (complete or incomplete) for new SC ADAP enrollment received in the measurement year	1. Did the client apply for new SC ADAP enrollment during the measurement year? (Y/N) a. If yes, was the application marked incomplete and returned by SC ADAP? (Y/N) i. If yes, list the date returned by the SC ADAP.	none	1. Examples of incomplete applications include those missing required information or illegible documentation.
A-2.0	Retention (Quality of Care)	85%	SC ADAP: Eligibility Recertification	Percentage of SC ADAP enrollees who are reviewed for continued SC ADAP eligibility two or more times in the measurement year.	Number of SC ADAP enrollees who are reviewed for continued SC ADAP eligibility at least two or more times which are at least 150 days apart in the measurement year.	Number of clients enrolled in SC ADAP in the measurement year.	1. Was the client enrolled in SC ADAP during the measurement year? (Y/N) a. If yes, was the client reviewed for continued SC ADAP eligibility two or more times at least 150 days apart during the measurement year? (Y/N) i. If yes, list the dates of review.	1. Clients approved for new SC ADAP enrollment in the measurement year.  2. Clients terminated from SC ADAP in the measurement year for any reason other than "no recertification".	none
A-2.0a	Retention (Quality of Care)	5%	SC ADAP: Eligibility Recertification	Percent of SC ADAP recertification that were incomplete and returned to provider	Number of recertification submitted to SC ADAP that were incomplete or incorrectly filled out	Total number of SC ADAP recertification (complete or incomplete) for continued SC ADAP enrollment received in the measurement year	1. Did the client recertify for continued SC ADAP enrollment during the measurement year? (Y/N) a. If yes, was the recertification form marked incomplete and returned by SC ADAP? (Y/N) i. If yes, list the date returned by the SC ADAP.	none	1. Examples of incomplete recertification include those missing required information or illegible documentation.
A-2.0b	Retention (Quality of Care)	95%	SC ADAP: Eligibility Recertification	Percent of SC ADAP recertification approved or denied for continued SC ADAP enrollment within 14 days (two weeks) of SC ADAP receiving a complete recertification in the measurement year	Number of recertification that were approved or denied for continued SC ADAP enrollment within 14 days (two weeks) of SC ADAP receiving a complete recertification in the measurement year	Total number of complete SC ADAP recertification for continued SC ADAP enrollment received in the measurement year	1. Did the client recertify for continued SC ADAP enrollment during the measurement year? (Y/N) a. If yes, was a determination on the recertification made by the SC ADAP program? (Y/N) i. If yes, list the date of receipt of the complete recertification and date of approval or denial.	1. SC ADAP recertification for continued SC ADAP enrollment that were incomplete or incorrectly filled out. 2. Complete SC ADAP recertification's for new SC ADAP enrollment received by SC ADAP within the last 14 days (two weeks) of the measurement year.	1. Continued enrollment applies to recertification as required to verify eligibility for SC ADAP services on a twice-annual basis.
A-2.0c	Retention (Quality of Care)	15%	SC ADAP: Eligibility Recertification	Percentage SC ADAP enrollees who were closed for "no recertification" in the measurement year	Number of SC ADAP enrollees who were closed for "no recertification" in the measurement year	Number SC ADAP enrollees in the measurement year	1. Was the client a SC ADAP enrollee during the measurement year? (Y/N) a. If yes, was the client closed by SC ADAP for "no recertification" in the measurement year? i. If yes, list the date closed for not recertifying and date of closure.	none	1. Providers should notify SC ADAP if there is a change in the client's SC ADAP enrollment status or if enrollee no longer needs SC ADAP services.



SC QM Measure # (SC ADAP)	HIV Continuum	Target %	HIV/AIDS Bureau Performance Measures Category	HIV/AIDS Bureau Performance Measures	Numerator	Denominator	Data elements	Denominator Exclusions	Notes
A-3.0	ART	100%	SC ADAP: Formulary	Percentage of new anti-retroviral classes that are included in the SC ADAP formulary within 90 days of the date of inclusion of new anti-retroviral classes in the PHS Guidelines for the Use of Antiretroviral Agents in HIV-1-infected Adults and Adolescents during the measurement year.	Number of new anti-retroviral classes included into the SC ADAP formulary within 90 days of the publication of updated PHS Guidelines for the Use of Antiretroviral Agents in HIV-1-infected Adults and Adolescents that include new anti-retroviral drug class during the measurement year.	Total number of new antiretroviral classes published in updated PHS Guidelines during the measurement year.	1. Did the updated PHS Guidelines for the Use of Antiretroviral Agents in HIV-1infected Adults and Adolescents include any new anti-retroviral classes? (Y/N) a. If yes, (for each new class) was the new class included into the SC ADAP formulary within 90 days of publication of updated PHS Guidelines for the Use of Antiretroviral Agents in HIV-1- infected Adults and Adolescents? (Y/N) i. If yes, list the date of publication of PHS Guidelines for the Use of Antiretroviral Agents in HIV-1-infected Adults and Adolescents and date of inclusion in the SC ADAP formulary.	1. PHS Guidelines for the Use of Antiretroviral Agents in HIV-1- infected Adults and Adolescents published in the last 90 days of the measurement year.  2. Medications with excessive cost and/or extensive clinical protocols.	none
A-4.0	Retention (Quality of Care)	100%	SC ADAP: Inappropriate Antiretroviral Regimen Components Resolved by SC ADAP	Percent of identified inappropriate antiretroviral (ARV) regimen components prescriptions that are resolved by the SC ADAP program during the measurement year.	Number of antiretroviral (ARV) regimen components prescriptions included in the US Public Health Service Guidelines, "Antiretroviral Regimens or Components That Should Not Be Offered At Any Time" and "Antiretroviral Regimens or Components That Should Not Be Offered for Treatment of Human Immunodeficiency Virus (HIV) Infection in Children" that are resolved by the SC ADAP program during the measurement year.	Number of inappropriate antiretroviral (ARV) regimen components prescriptions included in the US Public Health Service Guidelines, "Antiretroviral Regimens or Components That Should Not Be Offered At Any Time" and "Antiretroviral Regimens or Components That Should Not Be Offered for Treatment of Human Immunodeficiency Virus (HIV) Infection in Children" that are identified by SC ADAP	1. Was the prescribed antiretroviral (ARV) regimen components included in the US Public Health Service Guidelines, "Antiretroviral Regimens or Components That Should Not Be Offered At Any Time" and "Antiretroviral Regimens or Components That Should Not Be Offered for Treatment of Human Immunodeficiency Virus (HIV) Infection in Children" identified by the SC ADAP program during the measurement year? (Y/N) a. If yes, specify the components, the prescribing clinician and client. b. In response to the SC ADAP program contacting the prescribing clinician, was the ARV regimen components prescription subsequently modified by the prescribing clinician to an ARV regimen components that is not included the US Public Health Service Guidelines, "Antiretroviral Regimens or Components That Should Not Be Offered At Any Time" and "Antiretroviral Regimens or Components That Should Not Be Offered for Treatment of Human Immunodeficiency Virus (HIV) Infection in Children" or was the ARV regimen components clinically justified by the prescribing clinician? (Y/N)	1. For SC ADAP clients with multiple sources of funding for their medications, the SC ADAP program is responsible for identifying only ARV regimen components funded by SC ADAP.	none

Reference

<http://hab.hrsa.gov/deliverhivaidscore/adapmeasures.pdf>

SC Optional Performance Measures 2015 (Revised 7.2016)

#	HIV Continuum	Performance Measure Category	Initiative	Measure	Numerator	Denominator	Data Elements	Denominator Exclusions	Target
O-1.0	Retention (Challenges to Care)	Systems level: Housing Status	HAB	Percentage of patients with an HIV diagnosis who were homeless or unstably housed in the 12 month measurement period.	Number of persons with an HIV diagnosis who were homeless or unstably housed in the 12-month measurement period	Number of persons with an HIV diagnosis receiving HIV services in the last 12 months	1. Does the patient have a diagnosis of HIV? (Y/N) a. Did the patient have at least medical visit during the measurement year? (Y/N) i. Was the patient homeless or unstably housed? (Y/N)	None	NA-CRC only
O-2.0	Retention (Quality of Care)	Adult & Adolescent: Pneumococcal Vaccination	HAB	Percentage of patients with a diagnosis of HIV who ever received pneumococcal vaccine	Number of patients with a diagnosis of HIV who ever received pneumococcal vaccine	Number of patient with HIV who had: • no documented evidence of vaccination; and • a medical visit with a provider with prescribing privileges at least once in the measurement year	1. Does the patient have a diagnosis of HIV? (Y/N) a. If yes, is there documentation in the chart that the patients ever received the pneumococcal vaccine? (Y/N)	1. Patients with CD4 counts < 200 cells/mm within the measurement year 2. Patients with current pneumococcal immunity	NA-CRC only
O-3.0	Retention (Quality of Care)	All Ages: Influenza Immunization	HAB	Percentage of patients aged 6 months and older who received an influenza immunization OR who reported previous receipt of an influenza immunization in the measurement year Note: HAB Criteria not included in SC QM	Patients who received an influenza immunization OR who reported previous receipt* of an influenza immunization in the measurement year [*Previous receipt can include: previous receipt of the current season's influenza immunization from another provider OR from same provider prior to the visit to which the measures is applied (typically, prior vaccination would include influenza vaccine given since August 1st).]	Number of patients with a diagnosis of HIV who had a medical visit in the measurement year	1. Did the patient, aged six months and older, have at least one medical visit in the measurement year? (Y/N) a. Did the patient receive an influenza vaccination or report previous receipt of an influenza vaccination in the measurement year? (Y/N)	1. Documentation of medical reason(s) for not receiving influenza immunization (e.g., patient allergy, other medical reasons) 2. Documentation of patient reason(s) for not receiving influenza immunization (e.g., patient declined, other patient reasons) 3. Documentation of system reason(s) for not receiving influenza immunization (e.g., vaccine not available, other system reasons)	NA-CRC Part A only
O-4.0	Retention (Quality of Care)	Adult & Adolescent: Cervical Cancer Screening	HAB	Percentage of female patient with a diagnosis of HIV who have a Pap screening in the measurement year	Number of female patient with a diagnosis of HIV who had Pap screen results documented in the measurement year	Number of female patient with a diagnosis of HIV who: • were ≥18 years old in the measurement year or reported having a history of sexual activity , and • had a medical visit with a provider with prescribing privilege at least once in the measurement year	1. Does the patient have a diagnosis of HIV? (Y/N) a. If yes, is the client female? (Y/N) i. If yes, is she ≥ 18 years or reports having a history of sexual activity? (Y/N) 1. If yes, was the pap screening completed during the measurement year? (Y/N)	1. Patients who were < 18 years old AND denied history of sexual activity 2. Patients who have had a hysterectomy for non-dysplasia/non-malignant indications	NA-CRC only

SC Optional Performance Measures 2015 (Revised 7.2016)

#	HIV Continuum	Performance Measure Category	Initiative	Measure	Numerator	Denominator	Data Elements	Denominator Exclusions	Target
O-5.0	Retention (Quality of Care)	Adult & Adolescent: HIV Risk Counseling	HAB	Percentage of patients with a diagnosis of HIV who received HIV risk counseling in the measurement year	Number of patients with a diagnosis of HIV, as part of their primary care, who received HIV risk counseling	Number of patients with a diagnosis of HIV who had a medical visit with a provider with prescribing privileges at least once in the measurement year	1. Does the patient have a diagnosis of HIV? (Y/N) a. If yes, did the patient receive HIV risk counseling at least once during the measurement year with appropriate feedback to the provider?(Y/N)	None	NA-CRC only
O-6.0	Retention (Quality of Care)	Adult & Adolescent: Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan	HAB	Percentage of patients aged 12 years and older screened for clinical depression on the date of the encounter using an age appropriate standardized depression screening tool <del>AND if positive, a follow-up plan is documented on the date of the positive screen2.**</del>  Note: HAB Criteria not included in SC QM	Patients screened for clinical depression on the date of the encounter using an age appropriate standardized tool	All patients aged 12 years and older before the beginning of the measurement period with at least one eligible encounter during the measurement period	1. Is the patient 12 years or older? (Y/N) a. If yes, did the patient have a depression screening during measurement period? (Y/N) i. If yes, did the depression screening result in a diagnosis of depression? (Y/N) <del>1. If yes, was an intervention documented? (Y/N)</del>	1. Patient Reason(s) - a. Patient refuses to participate b. Patient already receiving treatment for clinical depression 2. Medical Reason(s) - Patient is in an urgent or emergent situation where time is of the essence and to delay treatment would jeopardize the patient's health status 3. Situations where the patient's functional capacity or motivation to improve may impact the accuracy of results of standardized depression assessment tools. For example: certain court appointed cases or cases of delirium	NA-CRC only
O-7.0	Retention (Quality of Care)	Adult & Adolescent: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	HAB	Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months <del>AND who received cessation counseling intervention if identified as a tobacco user3.**</del>  Note: HAB Criteria not included in SC QM	Patients who were screened for tobacco use at least once within 24 months	All patients aged 18 years and older	1. Is patient 18 years or older? (Y/N) a. If yes, did the patient have 2 or more psychiatric, behavioral, or occupational therapy encounters OR 1 or more medical, wellness, or preventative encounters in the measurement period? (Y/N) i. If yes, did the patient receive a tobacco use screening? (Y/N) <del>1.If tobacco user, did patient receive an intervention (counseling and/or pharmacotherapy? (Y/N)</del>	1. Documentation of medical reason(s) for not screening for tobacco use (e.g., limited life expectancy, other medical reason)	NA-CRC only

SC Optional Performance Measures 2015 (Revised 7.2016)

#	HIV Continuum	Performance Measure Category	Initiative	Measure	Numerator	Denominator	Data Elements	Denominator Exclusions	Target
O-8.0	Retention (Quality of Care)	Adult & Adolescent: Substance Abuse Screening	HAB	Percentage of new patients with a diagnosis of HIV who have been screened for substance use (alcohol & drugs) in the measurement year	Number of new patients with a diagnosis of HIV who were screened for substance use within the measurement year	Number of patients with a diagnosis of HIV who: • were new during the measurement year, and • had a medical visit with a medical provider with prescribing privileges at least once in the measurement year	1. Does the patient have a diagnosis of HIV? (Y/N) a. If yes, was the patient new to the program during the reporting period? (Y/N) i. If yes, was the patient screened for substance use during the measurement year? (Y/N)	1. Patient in treatment for Substance Abuse	NA-CRC only

**References:**  
<http://www.immunize.org/vis/>  
<http://www.immunize.org/askexperts/>  
[http://www.immunize.org/askexperts/experts\\_pneumococcal\\_vaccines.asp](http://www.immunize.org/askexperts/experts_pneumococcal_vaccines.asp)